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	DRAWINGS	·	CLAIMS ALLOWED		
Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.G.	
			NOTICE OF ALLOWANCE MAILED		
(Assistant	Examiner)	(Date)			
			ISS	UE FEE	
			Amount Due	Date Paid	
(Primary	Examiner)	(Date)			
			ISSUE BA	TCH NUMBER	
(Legal Instrum	ents Examiner)	(Date)			
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Form PTO-436#

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